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-) PETITION FOR EXEMPTION:
)
) Petition for Exemption from Federal Aviation
) Regulation Part 61.3(c), 61.23(a)(3)(ii) and
) (iii) To allow members of the Aircraft Owners
) and Pilots Association to use a valid and
) current U. S. drivers license in lieu of an FAA
) Medical Certificate when exercising the
) privileges of a Recreational Pilot certificate.
)
)

This 16th day of January 2003

Aircraft Owners and Pilots Association
421 Aviation Way
Frederick, Maryland 21701

PETITION SUMMARY:

The Aircraft Owners and Pilots Association (AOPA), representing the interests of more than 390,000 pilots and aircraft owners, submits this Petition for Exemption from Federal Aviation Regulation (FAR) Part 61.23 (c), 61.23 (a)(3)(ii) and (iii) to allow members of the Aircraft Owners and Pilots Association to use a valid and current U. S. drivers license in lieu of an FAA Medical Certificate when exercising the privileges of a Recreational Pilot certificate.

REASON FOR PETITION:

AOPA is requesting this exemption from FAR 61.23(c), 61.23 (a)(3)(ii) and (iii) to permit AOPA members to exercise privileges of a Recreational Pilot certificate using a current and valid U.S. driver's license in lieu of an FAA Medical Certificate for the purposes of establishing a medical research baseline. Using the information collected, the FAA can then make a determination for allowing the use of a driver's license to meet the medical standard for exercising Recreational Pilot privileges.

This petition will reduce the costs associated with pursuing and maintaining a Recreational Pilot certificate. It directly affects individuals holding a Student Pilot certificate, seeking a Recreational Pilot certificate, holding a Recreational Pilot certificate, providing such flight training, and others holding a pilot certificate who may choose to exercise the privileges of a Recreational Pilot under the authority being requested by this petition.

As outlined in the Background section of this document, AOPA believes that Recreational pilots could safely operate as pilot-in-command of aircraft while performing flight as defined in FAR 61.101, using a U.S. driver's license as verification of their flight medical status. This should also apply to student pilots seeking a Recreational Pilot certificate.

In its comments to a 1995 Notice of Proposed Rulemaking (NPRM) to modify requirements contained in FAR Part 67 and FAR Part 61, AOPA submitted a comprehensive analysis of its AOPA Air Safety Foundation (ASF) Accident and Incident Data Base that revealed an extremely low (1.9%) percent of accidents have any medical factors contributing to the accident as - determined by the National Transportation Safety Board (NTSB). Furthermore, AOPA's ASF analysis showed that the majority of the medically related aviation accidents were not attributable to predictable conditions or conditions that could be uncovered by medical examination. In its submission, AOPA asserted that the accident data clearly shows that the FAA medical standards go far beyond what is necessary to ensure safety in air commerce and that the regulations should be relaxed.

It is important that this information be augmented by additional research to further establish a basis for replacing the FAA Third Class medical certificate requirement for Recreational Pilots in FAR 61.23 (c), 61.23 (a)(3)(ii) and (iii) with a requirement for a current and valid U.S. driver's license. AOPA has strived to assist the FAA in obtaining additional bases for a Recreational Pilot to be able to use a U.S. driver's license as an FAA accepted medical certificate. AOPA supported the use of a driver's license as the FAA's acceptable medical document under the proposed Sport Pilot rule and requested that the FAA modify the requirements for the Recreational Pilot certificate to permit the use of a current and valid U.S. driver's license to meet the medical requirements, similar to that proposed by the FAA for the new Sport Pilot certificate.

On July 15, 2002, AOPA submitted a Petition for Rulemaking for establishing the driver's license as the medical certification requirement for Recreational Pilot privileges under FAR 61.23(c), 61.23(a)(3)(ii) and (iii). The petition formalized AOPA comments on FAA's Sport Pilot proposal. In our petition, AOPA cited a comprehensive statistical analysis to support its recommendation. AOPA's ASF data shows there is no meaningful correlation between general aviation accidents and medical certificates. Medical incapacitation is not a significant cause of accidents, whether or not a medical certificate is required.

On September 13, 2002 the FAA denied AOPA's petition to allow pilots to use a driver's license as a medical certificate to exercise Recreational Pilot privileges, without an opportunity for public comment. In its denial, the FAA cited other more pressing rulemaking priorities. FAA also stated "it would be premature to actively consider your proposal for Recreational Pilots while the issue is still under consideration for application to Sport Pilots." FAA acknowledged that its sport pilot proposal and AOPA's recreational pilot proposal addressed similar issues but said the AOPA petition was "premature." The FAA also stated that it wanted to evaluate the operations of sport pilots using a valid driver's license in lieu of a medical before it extended the option to recreational pilot privileges.

AOPA met with FAA officials following the denial and they made it clear the idea was not rejected on its merits.

In subsequent discussions with the FAA, AOPA learned that one of the FAA's reasons for denying the AOPA petition was that the request was considered to be too broad in scope, in that the FAA feels there is not enough baseline medical data to allow full implementation of a drivers license medical standard for exercising Recreational Pilot privileges.

This Petition for Exemption request seeks to address this FAA concern and establish that baseline medical research information. The information gained from the research obtained through this exemption should allow the FAA to make a decision to allow the use of a driver's license for Recreational Pilots.

In the Final Rule for Recreational Pilot certification the FAA stated that, "After extensive review and deliberation, the FAA has determined that there is no basis for deleting the third-class medical requirement for recreational pilots..."

AOPA therefore contends that this research is needed for an airman exercising the privileges of a Recreational Pilot certificate rather than simply relying on the use of the pending Sport Pilot certificate and associated Light Sport Aircraft. While Recreational Pilots are subject to many of the operational imitations applied to Sport Pilots, they may operate an aircraft certificated in the "Normal" category. Generally speaking, to qualify for a "Normal" category airworthiness certificate, a manufacturer must demonstrate to the FAA (through design, engineering, testing and other data) that the aircraft meets the design and performance criteria set forth in applicable sections of the Federal Aviation Regulations.

Comparatively speaking, Normal category aircraft are much more capable performers than Light Sport aircraft, and are thus subject to much more stringent airworthiness standards. By definition, a Light Sport aircraft is limited to a maximum 1,232 pounds, one passenger, a single engine, and a maximum speed of 115 knots. Normal category aircraft, certified under CAR3, FAR Part 23, or a comparable foreign certification regulation have much higher performance limitations.

AOPA is requesting this research exemption be granted for a period of 2 years providing an opportunity for review and renewal, or rulemaking action at the end of the 2-year period. The details of AOPA's research plan are outlined in the Public Interest section of this document.

AOPA has the resources and infrastructure in place to administer this Petition for Exemption. The following is an overview of the Association's resources that would be used in support of this research.

AOPA Aviation Medical Resources

AOPA's Board of Aviation Medical Advisors (BAMA) is a unique organization of industry experts who provide expert advice and counsel to AOPA on important general aviation medical issues and aero medical policy. This AOPA board includes a former chief of the FAA Civil Aero medical Institute, former and current presidents of the Civil Aviation Medical Association, current and former civil and military chief flight surgeons, senior aviation medical examiners, and other aviation medical experts. In addition to advising AOPA staff, the BAMA board serves as a resource for AOPA members on case-specific aero medical issues, both through AOPA's toll-free aero medical information hotline, and at panel discussions held at AOPA events throughout each year.

AOPA's Aviation Services and Aviation Medical Certification departments are staffed by over 20 professionals (including 18 certified pilots) and give members access to general aviation's most comprehensive knowledge base via the AOPA website and 800 number.

AOPA's dedicated medical staff fields calls from more than 1,000 members a month regarding information about pilot medicals. Through frequent contact with FAA's Office of Aviation Medicine, Federal Air Surgeon's office, and Aero medical Certification Division, AOPA keeps abreast of FAA medical certification policy.

Throughout the course of a typical year, the Association's medical certification specialists are involved in reviewing over 20,000 cases. In addition, they help countless members with questions ranging from color blindness and high blood pressure, to kidney stones and heart disease. Our staff's unique level of expertise has enabled AOPA to work closely with the FAA on our members' behalf concerning issues of certification and regulatory policy.

The following is a partial list of AOPA's medical resources already in place, which could be used in support of this research request:

- FAA-accepted medications – AOPA maintains an up-to-date listing of medications “approved by the FAA.
- Medical online status request – AOPA has a form online that allows members to provide AOPA with the necessary information to check the status of a medical application.
- Medical subject reports – AOPA maintains a comprehensive database of subjects of medical importance to pilots.
- AOPA Pilot's Guide to Medical Certification – AOPA's publication on medical certification.
- TurboMedical – A Web-based tool to help pilots prepare to apply for medical certificates.

AOPA Aviation Safety Resources

For over 50 years, the AOPA Air Safety Foundation (ASF) has set the standard in the pilot safety and training arena. The AOPA Air Safety Foundation is the nation's largest non-profit organization dedicated exclusively to providing aviation education and safety programs for general aviation. Annually the ASF communicates with over 270,000 participants in its education and safety program.

The mission of the Foundation is to promote General Aviation Safety. The Foundation actively promotes the following activities:

- Maintains a national aviation safety database that contains NTSB reports on general aviation accidents since 1982. Every year the ASF publishes its Nall Report, which examines all accidents from the previous year and provides guidance on what the FAA, industry, and individual pilots can do to lower their risk.
- Performs accident trend research to focus Foundation resources on the principal causes of accidents.
- Produces and disseminates aviation education and training videos, pamphlets, books, and newsletters to increase safety awareness.
- Conducts specialized aviation training courses for students and instructors. ASF recertifies more flight instructors than any other organization, including the FAA.
- Provides free public-service aviation safety seminars. (Last year ASF conducted over 250 free safety seminars, which reached over 35,000 pilots.)

AOPA Aviation Technical Services Resources

The AOPA Aviation Services 800 line is a call center that answers technical, operational, and regulatory questions from pilots. Annually, this call center responds to over 94,000 phone calls and 37,000 email messages from AOPA pilots. These calls are answered promptly and professionally; with strict adherence to performance standards that exceed the national norms for call centers. This means pilots are not put on hold for excessive periods of time, and calls are not abandoned or rejected. Pilots calling with questions regarding this medical research program will find a responsive and knowledgeable staff member ready to address any issue or concern.

AOPA's Information and Technology (I&T) department employs close to 20 specialists and is in operation 24 hours a day. AOPA I&T specialists have extensive experience in managing FAA student and pilot databases and tracking FAA aero medical and pilot certificate data. This department already has the data needed to match up pilot certificates, medical certificates and other information to develop the baseline pilot group for this study.

Data security is a cornerstone of AOPA's I&T infrastructure and AOPA has resources and experience needed to securely manage and disseminate information electronically, on a "real-time" basis. Our ability to securely manage this data in a timely manner serves to validate the public interest of this petition. The Association intends to administer this study using our technical expertise and monitor/forward data on a quick, as-needed basis, making the data truly valid, current and useful.

BACKGROUND:

The original proposal for the Recreational Pilot certificate was initiated by AOPA in 1978, when AOPA submitted a petition seeking the creation of a new category of pilot certificate intended to reduce the cost and procedural barriers to flight training. On June 25, 1985, more than seven years after AOPA first submitted its petition, the FAA published a Notice of Proposed Rulemaking (NPRM), Federal Register Docket No. 24695, the "Certification of Student Recreational, Recreational, Student Private and Private Pilots." This was the introduction of the new Recreational Pilot Certification process. The proposed requirements for the Recreational Pilot certificate were sufficient to ensure safety, but not as extensive as those required for a Private Pilot certificate. In return, strict operational limits are imposed. The Recreational Pilot NPRM solicited recommendations for medical requirement alternatives to the Third Class medical and AOPA recommended self-certification, similar to the requirement allowed for glider pilots. In March of 1989, the FAA published the Recreational Pilot Final Rule, but did not adopt AOPA's recommendation and retained the requirement for a Third Class medical.

In 1985, as now, AOPA's position on the Recreational Pilot medical requirement was based on solid statistical evidence that medical incapacitation is not a significant causal factor in general aviation accidents. This is also true for the segment of general aviation that currently "self certify" medical fitness, the glider and balloon community. A recent review of balloon and glider accident data from 1990 to 2000 reveals that only two accidents occurred because of a pilot's medical condition. It is clear that the absence of any medical certificate requirement for persons operating balloons and gliders has not resulted in a demonstrated reduction in safety.

Furthermore, an Aviation Rulemaking Advisory Committee (ARAC) reviewed this issue recently and determined that accident summary data from 1986 through 1992 indicated that the percentage of aviation accidents involving medical causal factors is lower for those activities that do not require medical certificates than for those activities that do. During this 7-year timeframe, the ARAC indicates there were 761 accidents in lighter-than-air aircraft and gliders—operations that do not require airman medical certification. Only one of the 761 accidents showed a medical cause, according to ARAC (slightly more than one-tenth of one percent of total accidents). For general aviation operations requiring airman medical certification, ARAC indicates there were 46,976 total accidents, 99 of which (slightly more than one-fifth of one percent) showed a medical cause.

In its Sport Pilot NPRM, the FAA cites this data and states that it believes that, "medical conditions are not a significant cause of accidents in aircraft that are used for sport and recreational purposes."

AOPA agrees with this conclusion and believes that this medical provision should be extended to the Recreational Pilot community.

On March 29, 1989, the FAA published its Final Rule for the Certification of Student Recreational, Recreational, Student Private, and Private Pilots. In the Final Rule the FAA stated, "An overwhelming majority of the comments received on this issue favor "self-certification." However, FAA determined that there is no basis for deleting the third class medical requirement for Recreational Pilots.

Data available in the National Aviation Safety Data Analysis Center (NASDAC) accident database indicates that a pilot's medical condition is rarely a causal factor in general aviation accidents. A

review of balloon and glider accidents contained in that database from 1990 to 2000 revealed that only two accidents occurred because of a pilot's medical condition. The absence of any medical certificate requirement for persons operating balloons and gliders has not resulted in a demonstrated reduction in safety.

In 1995, AOPA ASF conducted a comprehensive analysis of medical casual factors in general aviation accidents. The study showed that during a ten-year period from 1982 to 1991, there were 19,925 General Aviation accidents. Of these, only 379 or about 1.9 percent had any medical factors contributing to the accident as determined by the NTSB. A closer look at these 379 accidents shows that well over two-thirds were caused by the use of alcohol and/or drugs both illicit and prescribed. While most regrettable, there is no way a medical examiner, under any set of regulations or medical standards can prevent an otherwise healthy pilot from illegally operating an aircraft under the influence. This leave only 120 medically related accidents during the ten-year period.

The breakdown of these 120 medically related accidents is as follows:

- 18 involved pilots who did not hold a medical certificate or had a certificate that was clearly invalid. No change in medical standards or increased thoroughness of an AME exam will prevent these accidents.
- 8 were labeled as medical incapacitations by investigators but the cause was not determined.
- 15 were related to hypoxia or carbon monoxide poisoning. Again, there is no connection with the medical certification standards.
- 18 were attributable to a variety of medical conditions that did not involve preexisting conditions that could have been detected by the AME at the time of certificate issuance. These included gunshot wounds, motion sickness, cold and flu symptoms, head trauma, upset stomach, and even leg cramps.
- 41 were reportedly caused by myocardial infarctions (heart attacks). No other medical factor recurred in an accident more than one time per year.
- 2 were caused by strokes.
- 4 were visual deficiency.
- 18 were attributed to "other" organic, cardiovascular, and toxic problems.

Last year, AOPA ASF conducted an "ad hoc" study on effectiveness of medical certification in preventing accidents in GA aircraft. The ASF examined 37,946 GA accidents in fixed wing aircraft under 12,500 pounds from 1983 to 1999. They found that only 120 of those accidents involved pilot incapacitation that could likely have been prevented via the FAA medical certification process. The rate of accidents caused by pilot incapacitation, therefore, was .0031598 (slightly less than one-third of one percent).

This Petition for Exemption is in support of AOPA's comments and recommendations to the FAA's "Sport Pilot / Light Sport Aircraft" Notice of Proposed Rulemaking (NPRM) Docket No. FAA-2001-11133 Notice No. 02-03. In those comments, AOPA requested that the FAA modify the requirements for the Recreational Pilot certificate to permit the use of a current driver's license to meet the medical certification requirements, similar to that proposed by the FAA for the new Sport Pilot certificate.

A valid U.S. driver's license establishes an acceptable minimum medical standard because it validates evidence of basic health. While the licensing processes vary from state to state, authorities typically require applicants to attest to a basic level of health and minimum vision standard. If a recreational pilot is precluded from holding a driver's license, then he/she should not be eligible to operate an aircraft (unless the pilot obtained a third class medical certificate).

In addition, under FAR 61.53(b) if a pilot knows or has any reason to know of any medical condition that would affect his or her ability to exercise the authority of a recreational pilot certificate, then the pilot would have to refrain from acting as pilot in command. AOPA contends that this is a reasonable standard for recreational flying that is currently used for all pilots. AOPA also asserts that the data available in the National Aviation Safety Data Analysis Center accident database indicates that medical conditions are rarely causal factors in general aviation accidents.

This request is also in keeping with the FAA's desire to revise Recreational Pilot certificate privileges to align them with the proposed operational privileges for Sport Pilots, thereby making the recreational pilot certificate a more viable "lower cost alternative to a Private Pilot certificate."

On February 5, 2002 the FAA published the NPRM "Certification of Aircraft and Airmen for the Operation of Light-Sport Aircraft: Proposed Rule." With this NPRM, the FAA proposed to allow this new class of airmen to use a valid drivers license to meet the minimum medical certification standard.

Under the proposed Sport Pilot rule, the FAA states "the medical standards that permit an individual to drive an automobile in close proximity to other automobiles at high speeds provides an adequate level of safety to operate a light sport aircraft." If the driver's license applicant cannot meet these minimum standards, the FAA states. "...The individual should not operate a light sport aircraft, a more complex and demanding activity." AOPA agrees that the issuance of a driver's license occurs only after the applicant demonstrates some basic level of health.

AOPA agrees that the driver's license can safely be used to set a minimum medical safety standard for those exercising recreational flying privileges. The purpose of this exemption is to provide the FAA the baseline research information needed to expand the use of the driver's license medical standard into the Recreational Pilot standard.

INTEREST OF THE PETITIONER:

The Aircraft Owners and Pilots Association (AOPA) is a not for profit corporation. AOPA is the largest general aviation organization in the World and is comprised of aircraft owners and pilots who are dedicated to the continued growth and welfare of the general aviation industry. The AOPA

is in a unique position to administer this test program and the FAA's granting of this exemption will further general aviation growth and viability.

As outlined in the section entitled 'Reason for Petition' AOPA has an infrastructure in place to manage this comprehensive research program. In addition to the AOPA Air Safety Foundation and the AOPA Aviation and Medical Services Departments (details outlined in the Reason for the Petition section of this document) the Association has in place a nationwide network of volunteers at over 1400 general aviation airports who are in contact with pilots and the general public and tasked with promoting general aviation program.

Of most significance to this proposed research program, are the AOPA Aviation and Medical Services Department, the AOPA Air Safety Foundation, and the AOPA Information and Technology Department.

The AOPA Aviation and Medical Services Departments are in the business of communicating with pilots and responding promptly and accurately to questions and concerns. The AOPA Aviation Services 800 line is a call center that answers technical, operational, and regulatory questions from pilots. Annually, this call center responds to over 94,000 phone calls and 37,000 email messages from AOPA pilots. These calls are answered promptly and professionally; with strict adherence to performance standards that exceed the national norms for call centers. This means pilots are not put on hold for excessive periods of time, and calls are not abandoned or rejected. Pilots calling with questions regarding this medical research program will find a responsive and knowledgeable staff member ready to address any issue or concern.

AOPA Air Safety Foundation (ASF) reaches over 270,000 pilots annually through safety programs and activity, as outlined in the Reason for the Petition section of this document.

AOPA also has in place an Information and Technology department to manage FAA pilot records and medical records databases. Details of this resource are outlined in the Public Interest section of this document.

This exemption request is sought to conduct research, reduce the burden on citizens, reduce governmental involvement and expenditure, and assure public safety. This proposal meets all of these goals. The proposed research project serves the purpose of encouraging flight proficiency and safety, while promoting additional flight activity and the resultant positive economic impact that such increased activity has on all segments of general aviation. This economic impact includes increased commerce for airports, airport vendors, manufacturers of aircraft and parts, as well as service providers.

AOPA's Petition for Exemption is in the public interest and provides for an equivalent level of safety as outlined below.

SAFETY ISSUES:

The safety of AOPA members, general aviation pilots, and the public at large is of paramount concern to AOPA.

AOPA recognizes that the FAA, AOPA members, and the general public must be confident that a level of safety equivalent to the current Recreational Pilot rules is expected throughout this research period.

To determine that this research project could be conducted safely, AOPA:

1. Determined that Recreational Pilots operating under the terms of the exemption would be made aware of the FAA medical guidelines contained in Chapter 8 of the Airmen's Information Manual (AIM).
2. Determined that all pilots, regardless of type of pilot certificate held, must comply with the requirements of FAR 61.14, 61.15, 61.16, 61.53, 61.56, 61.57, 61.59, 91.7, 91.17, and 91.19.
3. Determined that all pilots, regardless of type of pilot certificate held must meet the requirements of FAR 61 Subpart B, Recreational Pilot privileges and limitations, including:
 - a. ~61.101(a)(1) – Carry no more than one passenger;
 - b. ~61.101(b) – Flight is restricted to 50 m from departure airport, unless training; and a logbook endorsement has been received per ~61.101(c);
 - c. ~61.101(d)(1) – Flight is restricted to aircraft with four or fewer seats, that is not a multiengine aircraft, has a power plant of 180 hp or less and does not have retractable landing gear;
 - d. ~61.101(d)(4) – Flight for compensation or hire is not authorized;
 - e. ~61.101(d)(6) – Flight is restricted to daylight hours defined as between sunrise and sunset; and
 - f. ~61.101(d)(8), (9),(10) – Flight is restricted to an altitude of 10,000 feet MSL or 2,000 feet AGL (whichever is higher) flight or ground visibility must be 3 sm or greater, and pilot must maintain visual reference with the surface.
4. All pilots operating under the terms of an AOPA exemption would hold a minimum of a student or Recreational Pilot certificate.

Based on the accident data presented in this Petition for Exemption, AOPA feels that its Recreational Pilot research project could be conducted in a safe manner, without creating undue risk to persons or property on the ground or to the pilot and passengers carried in each aircraft.

PUBLIC INTEREST ISSUES:

AOPA has the technical resources and expertise necessary for managing this important research project. AOPA's Information and Technology (I&T) department employs close to 20 specialists and is in operation 24 hours a day. AOPA I&T specialists have extensive experience in managing FAA student and pilot databases and tracking FAA aero medical and pilot certificate data. This department already has the data needed to match up pilot certificates, medical certificates and other information to develop the baseline pilot group for this study.

Data security is a cornerstone of AOPA's I&T infrastructure and AOPA has resources and experience needed to securely manage and disseminate information electronically, on a "real-time" basis. Our ability to securely manage this data in a timely manner serves to validate the public interest of this petition. The Association intends to administer this study using our technical

expertise and monitor/forward data on a quick, as-needed basis, making the data truly valid, current and useful.

AOPA's I&T capability is critical, not only for compiling accurate research data on the exemption, but also for national security interests. Since the attack of September 11, 2001, the federal government has an increased interest in its ability to track pilot certification records to ensure no terrorist threat exists. Because AOPA's extensive pilot database is more accurate and up-to-date than the FAA's, the Association can easily provide student start and tracking information from this research project to the Transportation Security Administration (TSA) for comparison to its watch lists.

The database created by this AOPA exemption, when combined with information from other statistical analysis, to include the proposed Sport Pilot rule will result in a baseline of research information for the FAA to make a determination on the future use of a drivers license to meet the minimum medical requirement for operating under Recreational Pilot privileges.

If this AOPA Petition for Exemption is approved, AOPA will:

1. Require AOPA member pilots applying to be a part of this research project to:
 - a. Submit a copy of their United States Pilot Certificate.
 - b. Submit a copy of their United States driver's license, issued from a state, the District of Columbia, Puerto Rico, a territory, a possession or the Federal government.
 - c. Sign and submit an AOPA conditions form, which will outline the terms of the exemption and verify that the individual, is aware of the FAA medical guidelines in Chapter 8 of the Airmen's Information Manual (AIM), the FAA drug and alcohol prevention programs outlined in FAR 61 and 91, and the Recreational Pilot privileges and limitations listed in FAR 61 Subpart D.
2. Upon an AOPA member's acceptance to the research program, and annually thereafter, AOPA will submit a list of participating pilots to the FAA Flight Standards Service, and the Transportation Security Administration (TSA). The information provided to the TSA is to be used to ensure that student starts and research participants may be vetted against current watch lists for national security purposes.
3. Upon acceptance of this AOPA research project, AOPA will provide an acceptance letter and a copy of the exemption to each participating pilot that they must carry at all times when operating an aircraft under the conditions of the exemption program. This documentation would provide the pilot with the authority to act as pilot-in-command when operating under the terms of the exemption. The acceptance letter will serve as the pilot's authority to take the required flight training per FAR 61.56 and 61.57.
4. Recreational Pilots operating under the terms of this exemption will be authorized to act as pilot-in-command within the limits of this exemption, FAR 61 Subpart D, and they:
 - a. Must hold a current and valid U.S. drivers license;
 - b. Must meet any qualifying requirements on the drivers license, i.e. must wear corrective lenses, etc., to operate an aircraft under the terms of the AOPA exemption;
 - c. Must not act as pilot in command of an aircraft if they know or have reason to know of any medical conditions that would make them unable to operate the aircraft in a safe manner;

- d. Must not act as pilot-in-command if their driver's license is revoked, rescinded, or suspended for any reason. If a doctor treating the individual recommends that the individual not drive until completion of a treatment program or if their prescription has a warning label, "do not operate machinery", "do not drive", "may cause drowsiness", or similar warning, that the individual will consider his drivers license "suspended" under the terms of this exemption until such time as the treatment/prescription program ends;
- e. Must maintain currency per FAR 61.56 and FAR 61.57;
- f. Must provide the exemption holder, AOPA, with a semi-annual report (December - May and June - November), electronic or mailed letter, indicating;
 - i. They are still participating in the test program (Yes or No).
 - ii. Have flown ____ hours in aircraft qualified under FAR 61 Subpart D.
 - iii. Registration number(s) ("N" number) of aircraft flown during the reporting period.
 - iv. The date of their last FAR 61.56 flight review and the instructor's name/certificate number.
 - v. List any/all aircraft accidents/incidents during the time period of the test.
 - 1. Were you involved in an accident/incident during the reporting time period? (Yes or No);
 - 2. "N" number of the aircraft involved in the accident/incident;
 - 3. Name of investigating FSDO.
- 5. The FAA reserves the right to terminate participation of any pilot participant who fails to comply with the terms of this exemption. Failure to submit semi-annual reports to AOPA is cause for the FAA to terminate the participant from the program. Upon termination, the individual would be required to comply with the FAA pilot medical requirements of FAR 61.23 prior to further flight.
- 6. Upon expiration of this AOPA exemption research program all participating pilots would be required to comply with the FAA pilot medical requirements of FAR 61.23 prior to further flight.

DESCRIPTION OF THE RELIEF SOUGHT:

AOPA is seeking a 2-year exemption for the purpose of conducting research on the viability of allowing individuals holding Recreational Pilot certificates, or higher, to act as pilot-in-command of an aircraft in compliance with FAR 61 Subpart D, while holding a current and valid U.S. drivers license. The exemption would also apply to student pilots seeking a Recreational Pilot certificate. The 2-year exemption term provides an opportunity for review and renewal, or rulemaking action on the issue at the end of the 2-year period. AOPA contends that the information being obtained from pilots using the privileges of the exemption provides a valuable source of information to make the decision to review the exemption or for the FAA to take action to incorporate the use of a valid and current driver's license through a rule change.

The AOPA exemption would state:

Petition for exemption from the Federal Aviation Regulation Part 61.23 (c), 61.23(a)(3)(ii) and (iii) to permit members of the Aircraft Owners and Pilots Association to exercise the privileges of a

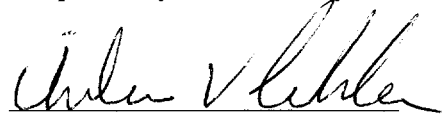
Recreational Pilot certificate or student pilot training to obtain a Recreational Pilot certificate using a current and valid U.S. drivers license in lieu of an FAA medical certificate for the purpose of permitting AOPA to develop a Recreational Pilot medical research baseline.

SUMMARY FOR FEDERAL REGISTER

The Aircraft Owners and Pilots Association, a non-profit membership association of some 390,000 aircraft owners and pilots, has petitioned the Federal Aviation Administration for an exemption from the medical certification requirements for certain pilots when exercising the privileges of a recreational pilot certificate and for certain student pilots while seeking a recreational pilot certificate. In lieu of an FAA airman medical certificate, the selected pilots must hold and possess a current and valid U.S. driver's license. Exemption is sought from Sections 61.3(c) of Title 14, Code of Federal Regulations, to the extent that it requires the holder of a pilot certificate to possess a current and appropriate airman medical certificate, Section 61.23(a)(3)(ii) to the extent that it requires a person to hold at least a third class medical certificate when exercising the privileges of a recreational pilot certificate, and Section 61.23(a)(3)(iii) to the extent that it requires a student pilot to hold at least a third class medical certificate while seeking a recreational pilot certificate. The exemption would be administered by the Association and extended to pilots who register with the Association, exhibit the required credentials, and agree to specified conditions. The Association states that the grant of this exemption will not adversely affect safety, and that the conditions imposed will provide a level of safety at least equal to that provided by the rules from which exemption is sought. The exemption is sought for a period of two years for the purpose of establishing a medical research baseline for the FAA to consider allowing the use of a driver's license to meet the medical standards for exercising the privileges of a recreational pilot certificate.

January 16, 2003

Respectfully submitted by:



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